Pain and symptom management

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Hospice Palliative Care Association of South Africa
no end to caring

Definition of Palliative Care

WHO Definition of Palliative Care

Revised 2002. Sepulveda et al.

JPSM 2002; 24: 91-96

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness,

through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Patient-centered care

- Tradition approach
  - Diagnosis and treatment of illness
- Palliative care approach
  - Quality of life
  - Patient and family
  - Holistic care
- Symptom management in conjunction with disease-oriented care

Approach to symptom management

- Appropriate assessment to identify cause and severity of symptoms
- Explanation to patient and family
- Correct reversible factors
- Consider disease-specific palliative therapy
- Institute non-pharmacological interventions

Approach to symptom management (cont)

- Prescribe appropriate first-line treatment
- Consider adjuvant/second-line treatment
- Review assessment and management

At all stages of management consider:

- Involvement of interdisciplinary team
- Referral to appropriate service/more experienced clinician.

HPCA Clinical Guidelines for palliative care 2006

SITE OF PAIN IN HIV PATIENTS	Urban SA Norval	Rural SA Hardman
% patients with pain	98%	91%
Site: Chest	18%	53%
Lower limbs	66%	40%
Head	43%	12%
Abdominal	13%	26%
Musculoskeletal	15%	9%
Genital	13%	15%

Assessment of Pain

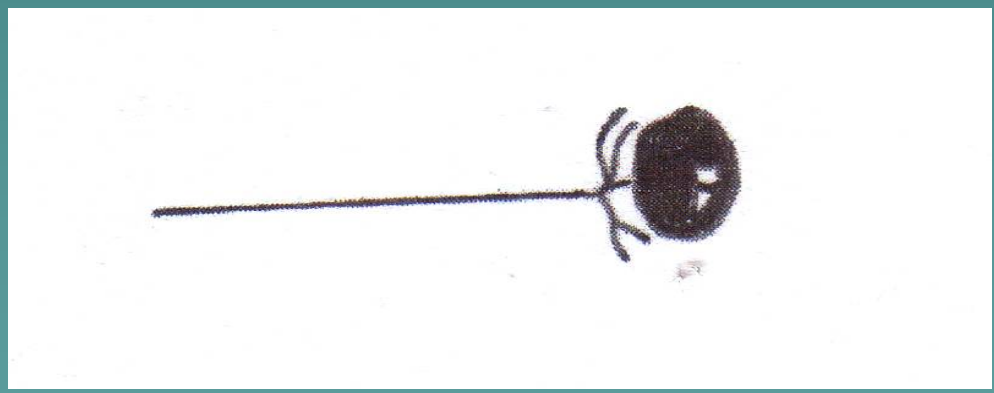
- Ask the patient and believe the patient
  - PQRSST
  - Pain rating scale for difficult to control pain
- Examine the patient
- Decide which tests are appropriate

Aetiology of pain

- 1. Caused by HIV infection
  - eg HIV encephalopathy, HIV neuropathy
- 2. Pain related to immune suppression
  - eg Headache due to cryptococcal meningitis, mouth pain due to oral candidiasis
- 3. Related to treatment
  - ARV neuropathy, Radiation dermatits for Kaposi's sarcoma
- 4. Unrelated to HIV
  - Tension headache, lower back pain, UTI

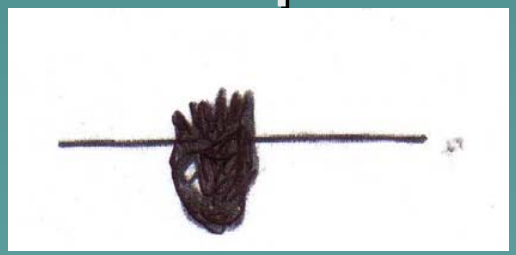
Nociceptive Pain

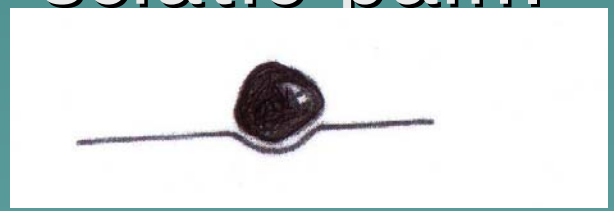
Nociceptive pain is produced by stimulation of specific sensory receptors called nociceptors (or pain receptors) in the tissues.

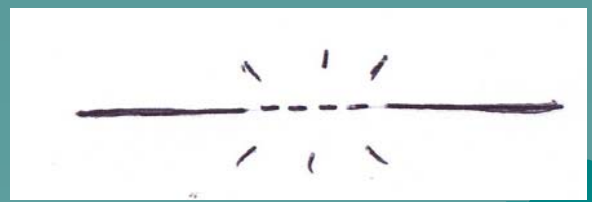


Neuropathic Pain

- This is caused by damage to the central or peripheral nervous system. Neuropathic pain can be caused by injury or compression or infiltration of a nerve, examples include post herpetic neuralgia or sciatic pain.







Explanation to patient and family

- Discuss fears and anxieties
- Treatment goals
- Adjustment of activities to reduce painful episodes

Correct reversible factors

- Treat Opportunistic Infections
  - Cryptococcal menigitis
  - Oesophageal candidiasis
  - Genital herpes infection
  - CMV retinitis

Disease specific palliative therapy

- ANTIRETROVIRALS
  - Most effective palliative treatment for HIV patients
  - Impacts on quality of life
  - Prolongs life
  - Does not effect a cure

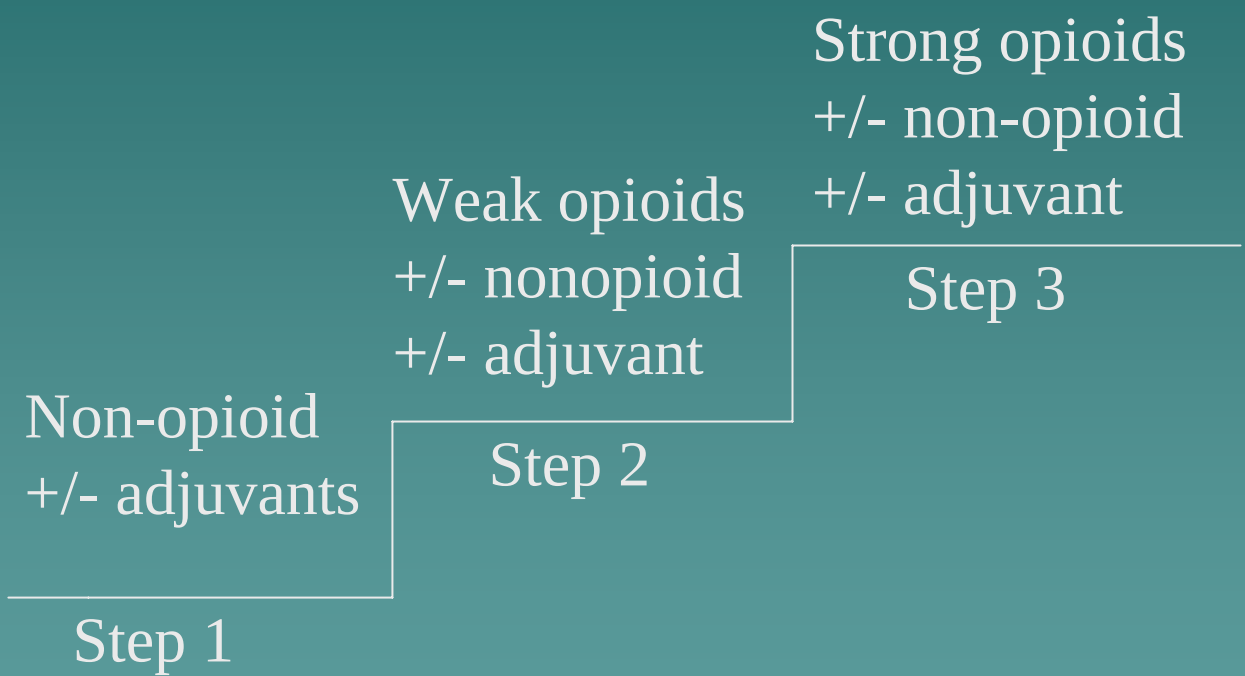
Non pharmacological treament

- Application of heat/cold
- Massage
- meditation

First-line analgesia according to WHO guidelines

- By the mouth
- By the clock
- By the ladder
- Individualise treatment
- Regular assessment and review

WHO 3-step analgesic ladder



Analgesics

- Step 1 -Paracetamol
  -NSAIDs
- Step 2 -codeine
  -paracetamol-codeine combinations
  - dextropropoxyphene
- Step 3 -morphine - mist morphine
  - morphine tabs
  - morphine sulphate inj
  - fentanyl (patches)

Morphine

- Morphine is the most commonly used strong opioid analgesic
- Morphine should not be withheld from patients experiencing severe pain
- There is no upper limit to morphine dosage
- Dosage is indicated by the patient's analgesic requirements

Oral morphine

- Aqueous morphine – mist morphine strength prescribed by doctor eg 20mg/5ml
- Tablets 10mg, 30mg, 60mg, 100mg
- the usual staring dose is 10-20mg 4hrly
- Adjust dose upwards by 50% until pain control reached
- Rescue dose for breakthrough pain may be required and should be prescribed

Side effects of morphine

- Temporary confusion, drowsiness
- nausea &/or vomiting
- constipation
- tolerance occurs to morphine side effects except constipation NB prescribe laxatives concomitantly with morphine

Adjuvant analgesics

- Corticosteroids
  - Increased ICP, soft tissue infiltration, nerve compression
- Antidepressant medication } neuropathic
- Anticonvulsant medication } pain
- NMDA receptor blocker

Drugs used in treatment of neuropathic pain (HIV or ARV)

- WHO step 1/2/3 analgesic
- + Antidepressants amitriptyline starting at 10-25mg nocte

  or Anticonvulsants, carbemazepine 100mg bd, gabapentin 100mg tds (stabilise nerve membrane)
- NSAID for 5-10 day trial
- Add NMDA receptor blocker Ketamine 0.1mg/kg subcut

Example of initial prescription for patient with neuropathic pain

- Mist morphine 20mg/4hrly (titrate to maximal tolerated dose)
- Ibuprofen 400mg tds pc (for 5day trial)
- Amitriptyline 25mg nocte (increase every 2nd day by 25mg to 100mg if no effect stop and try carbemazepine)
- Vit B_{co}

In Summary

- Principles of pain control
- Identify the cause
- Explanation and support to patient and family
- Disease modification
- Non-drug measures
- Analgesia WHO guidelines + adjuvants
- ASSESS and REASSESS

Pain control

- Pain is a significant burden to patients with life-threatening ill
- Thorough assessment and early treatment of pain is essential
- Quality of life and active living for our patients

Thank you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